



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE

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CARRIERS OFFERING HEALTH BENEFIT PLANS TO INDIVIDUALS AND SMALL GROUPS (1 TO 50 ELIGIBLE EMPLOYEES)

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Partnership Program and Family Assistance Program)

1. Aetna Life Insurance Company

151 Farmington Avenue
Hartford, CT 06156

Gretchen Spann
Dorothea Vlahos

(207) 791-7911
(800) 234-8454 x82377

Product Name	Form #	Offered thru Connector
INDEMNITY PLAN		
Traditional Choice	GR-9	No
INSURED PREFERRED PROVIDER PLAN		
Open Choice	GR-9	No

2. Aetna Health Inc./Aetna Health Insurance Company

151 Farmington Avenue
Hartford, CT 06156

Gretchen Spann
Dorothea Vlahos

(207) 791-7911
(800) 234-8454 x82377

Product Name	Form #	Offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
HMO Certificate of Coverage	HMO/MA COC-2 (05/01) & HMO/MA SOB-1 (10/03)	No
DUAL CERTIFICATE		
HMO Certificate of Coverage (in-network)	HMO/MA COC-2 (05/01) & HMO/MA SOB-1 (10/03)	No
Aetna Health Ins. Co. Cert. (out-of-ntwk)	CHI/MA INSCT-2-A (7/01) & CHI/MA SBQPOS-1 (10-03) or CHI/MA SBQNET-3 (11-01)	No
Quality Point of Service		
USAccess		

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Reimbursement Program and Family Assistance Program)

3. Blue Cross and Blue Shield of Massachusetts, Inc.

401 Park Drive, Landmark Center	Group Sales	(800) 262-BLUE
Boston, MA 02215	Individual Sales	(800) 422-3545

Product Name	Form #	Offered thru Connector
INDEMNITY PLAN		
Comprehensive Major Medical	BCBS INDEM (1-1-06 REV.)	No
	BCBS INDEM NGRP (7-1-07)	
Comprehensive Major Medical \$500 Option		
INSURED PREFERRED PROVIDER PLAN		
Blue Care Elect	Blue Care Elect (1-1-06 REV.)	
	Blue Care Elect NGRP (7-1-07)	
Preferred 100 Option	w RX STD (9-22-04)/RX STD NGRP (7-1-07)	No
Value Plus Option	w RX STD (9-22-04)/RX STD NGRP (7-1-07)	No
Enhanced Value Option	w RX STD (9-22-04)/RX STD NGRP (7-1-07)	No
Preferred 90 with Copay Option	w RX STD (9-22-04)/RX STD NGRP (7-1-07)	No
Preferred 80 with Copay Option	w RX STD (9-22-04)/RX STD NGRP (7-1-07)	No
\$2000 Deductible Option	w RX STD (9-22-04)/RX STD NGRP (7-1-07)	No
\$3000 Deductible Option	w RX STD (9-22-04)/RX STD NGRP (7-1-07)	No

4. Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

401 Park Drive, Landmark Center	Group Sales	(800) 262-BLUE
Boston, MA 02215	Individual Sales	(800) 422-3545

Product Name	Form #	Offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
Access Blue		
	ACCESS BLUE (1-1-06 REV.)	
	ACCESS BLUE NGRP (7-1-07)	
Access Blue Value Plus		No
Access Blue Enhanced Value		Yes
Access Blue Basic		No
Access Blue Basic \$2000		No
Access Blue Saver		No
HMO Blue		
	HMO BLUE (1-1-06 REV.)	
	HMO BLUE NGRP (7-1-07)	
HMO Blue \$10 Copay		No
HMO Blue Premium (as of 7-1-08)		Yes
HMO Blue Value Plus		No
HMO Blue Enhanced Value		No
HMO Blue (cont'd)		
HMO Blue Value		No
HMO Blue Value w/BasicRx (offered as of 7-1-08)		Yes
HMO Blue Premier Value		No
HMO Blue Basic Value		Yes
HMO Blue \$1000 Deductible		No
HMO Blue \$2000 Deductible		No
HMO Blue Preferences \$600 Copay		No
HMO Blue Options		No

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Reimbursement Program and Family Assistance Program)

HMO Blue New England	HMO BLUE NE (1-1-06 REV.) HMO BLUE NE NGRP (7-1-07)	
HMO Blue New England \$10 Copay		No
HMO Blue New England Value Plus		No
HMO Blue New England Enhanced Value		No
HMO Blue New England Value		No
HMO Blue New England Premier Value		No
HMO Blue New England \$1000 Deductible		No
HMO Blue New England Options		No

INSURED PREFERRED PROVIDER PLAN

Preferred Blue PPO	PRF BLUE PPO (1-1-08) and PRF BLUE PPO NGRP (1-1-08)	
Preferred Blue PPO Deductible		No
Preferred Blue PPO Basic \$2000		No
Preferred Blue PPO Saver		No

DUAL CERTIFICATE

Blue Choice	BC-HMO BLUE (1-1-06 REV.) and BC-INDEM (1-1-06 REV.) BC-HMO BLUE NGRP (7-1-07) and BC-INDEM NGRP (7-1-07)	
Blue Choice Value Plus		No
Blue Choice New England	BC-HMO BLUE NE (1-1-06 REV.) and BCNE-INDEM (1-1-06 REV.) BC-HMO BLUE NE NGRP (7-1-07) and BCNE-INDEM NGRP (7-1-07)	
Blue Choice New England Value Plus		No

5. **ConnectiCare of Massachusetts, Inc.** ¹

175 Scott Swamp Road, P.O. Box 4050	Group Sales	(800) 723-2986
Farmington, CT 06034-4050	Individual Sales	(800) 723-2986

Product Name	Form #	Offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
CMI HMO Deductible Open Access	CMI/HMO Deductible 01 (1/2007)	No
CMI HMO Open Access	CMI/HMO 01 (1/2007)	No
INSURED PREFERRED PROVIDER PLAN		
CMI POS Open Access	CMI/POS 01 (1/2007)	No

6. **Fallon Community Health Plan, Inc.**

10 Chestnut Street	Merged Market Unit	(888) 797-3247
Worcester, MA 01608-2810		(800) 333-2535 x79097
		(508) 799-2100 x79097

Product Name	Form #	Offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		

¹ Service area includes Hampden, Hampshire and Franklin, parts of Berkshire and Worcester counties.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

SELECT CARE NETWORK

FCHP Select Care Premier	05-670-148	Yes
FCHP Select Care Premium Saver	05-670-148	No
FCHP Select Care Premium Saver Value I	05-670-148	No
FCHP Select Care Premium Saver Value II	05-670-148	No
FCHP Select Care Premium Saver Basic I	05-670-148	No
FCHP Select Care Premium Saver Basic II	05-670-148	No
FCHP Select Care Premium Saver 500	05-670-148	Yes
FCHP Select Care Premium Saver 1000	05-670-148	No
FCHP Select Care Premium Saver 2000	05-670-148	No
FCHP Select Care Premium Saver 2000 with \$500 inpatient copayment	05-670-148	No
FCHP Select Care Choice 1250	05-670-148	No
FCHP Select Care Choice 2000	05-670-148	No

DIRECT CARE NETWORK ²

FCHP Direct Care Premier	05-670-151	No
FCHP Direct Care Premium Saver	05-670-151	No
FCHP Direct Care Premium Saver Value I	05-670-151	No
FCHP Direct Care Premium Saver Value II	05-670-151	No
FCHP Direct Care Premium Saver Basic	05-670-151	No
FCHP Direct Care Premium Saver Basic II	05-670-151	No
FCHP Direct Care Premium Saver 500	05-670-151	Yes
FCHP Direct Care Premium Saver 1000	05-670-151	No
FCHP Direct Care Premium Saver 2000	05-670-151	No
FCHP Direct Care Premium Saver 2000 with \$500 inpatient copayment	05-670-151	Yes
FCHP Direct Care Choice 1250	05-670-151	No
FCHP Direct Care Choice 2000	05-670-151	No

7. Fallon Health & Life Assurance Company

10 Chestnut Street

Worcester, MA 01608-2810

Merged Market Unit

(888) 797-3247

(800) 333-2535 x79097

(508) 799-2100 x79097

Product Name	Form #	Offered thru Connector
INSURED PREFERRED PROVIDER PLAN		
Preferred Care	05-670-155	No
INSURED PREFERRED PROVIDER PLAN (cont'd)		
Preferred Care 500	05-670-155	No
Preferred Care 1000	05-670-155	No
Preferred Care Value	05-670-155	No

² The Fallon Direct Care Provider network represents a subset of the Fallon HMO Select Care Provider network. Please call the carrier directly if you have any questions about whether the Fallon Direct Care Provider network is specifically available in your area.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Reimbursement Program and Family Assistance Program)

8. **Harvard Pilgrim Health Care, Inc.** ³

93 Worcester Street
Wellesley, MA 02481-9181

Group Sales (800) 848-9995
Individual Sales (800) 848-9995

Product Name	Form #	Offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
Premier HMO 10 (Plan Name 0A)	610/MAHMO2001; 113	Yes
Value HMO 15 (Plan Name 05)	610/MAHMO2001; 113	No
Affordable HMO 20 (Plan Name W5)	610/MAHMO2001; 113	No
Affordable HMO 25 (Plan Name W6)	610/MAHMO2001; 113	No
Tiered Copayment HMO 20 (Plan Name 0C)	610/MAHMO2001; 115	Yes
Best Buy HMO 500 (Plan Name 19)	610/MAHMO2001; 114	No
Best Buy HMO 1000 Plan Name 0D)	610/MAHMO2001; 114	Yes
Best Buy HMO 2000 (Plan Name 70)	610/MAHMO2001; 114	No
Core Coverage HMO (Plan Name 0H)	610/MAHMO2001; 591	Yes
INSURED PREFERRED PROVIDER PLAN		
Premium PPO 10 (Plan Name 7W)	611/MAPPO0701; 100	No
Value PPO 15 (Plan Name 07)	611/MAPPO0701; 100	No
Affordable PPO 20 (Plan Name V8)	611/MAPPO0701; 100	No
Affordable PPO 25 (Plan Name AQ)	611/MAPPO0701; 100	No
Best Buy PPO 500 (Plan Name 81)	611/MAPPO0701; MABBPPSOB81 REV1	No
Best Buy PPO 1000 (Plan Name OE)	611/MAPPO0701; 592	No
Best Buy PPO 2000 (Plan Name 84)	611/MAPPO0701; MABBPPSOB84 REV1	No

9. **Health New England, Inc.** ⁴

One Monarch Place
Springfield MA 01144

Group Sales (800) 842-4464
Individual Sales (800) 842-4464

Product Name	Form #	Offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
HNE HMO Option 1 _{Max}	HNEHMO-06	No
HNE Principle _{Max}	HNEHMO-06	No
HNE Health _{Plus}	HNEHMO-06	Yes
HNE Health	HNEHMO-06	No
HNE Principle	HNEHMO-06	No
HNE Principle Alliance _{Max} ⁵	HPNHMO-17	Yes
HNE Complete	HNEHMO-06	No
HNE Complete	HNEHMO-06	No

³ As allowed by law, Harvard Pilgrim Health Care, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (800) 696-8167, Small Business Service Bureau (800) 222-5678 and Northeast Business Trust (800) 464-0039.

⁴ As allowed by law, HNE requires groups with five or fewer eligible employees as well as individuals to enroll through the following intermediaries: Massachusetts Business Association (781) 848-4950 and Small Business Service Bureau (508) 756-3513 and Northeast Business Trust (978) 663-3232.

⁵ The HNE Alliance Network represents a subset of the HNE HMO primary care provider network. Please call the carrier directly if you have any questions about whether the HNE Alliance Network is specifically available in your area. Form# HPNHMO-17 replaces the previously approved Form#HNEHMO-06.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Reimbursement Program and Family Assistance Program)

HEALTH MAINTENANCE ORGANIZATION

(cont'd)

HNE Complete ^{Plus}	HNEHMO-06	No
HNE Choice ^{Plus}	HNEHMO-06	No
HNE Choice	HNEHMO-06	No
HNE Choice ^{Max}	HNEHMO-06	No
HNE Focus	HNEHMO-06	No
HNE Essential ^{Max}	HNEHMO with DED-06	Yes
HNE Essential ^{Plus}	HNEHMO with DED-06	No
HNE Wise ^{Max}	HNEHMO with HIGHDED-06	No
HNE Wise ^{Plus}	HNEHMO with HIGHDED-06	Yes

INSURED PREFERRED PROVIDER PLAN

HNE Premier PPO-Premium Plan	HNE/PHCS-PPO-06	No
HNE Premier PPO-Value Plan	HNE/PHCS-PPO-06	No
HNE Premier PPO-Basic Plan	HNE/PHCS-PPO-06	No
HNE Premier PPO- Mid Option	HNE/PHCS-PPO-06	No
HNE Premier PPO- Low Option	HNE/PHCS-PPO-06	No
HNE Wise ^{PPO}	HNE/PHCS-PPO Saver-06	No
HNE Premier PPO-Complete National	PHCS-PPO-06	No
HNE Premier PPO-Focus National	PHCS-PPO-06	No
HNE PPO Complete	HNEPPO-06	No
HNE PPO Focus	HNEPPO-06	No

10. HPHC Insurance Company, Inc.⁶

93 Worcester Street

Wellesley, MA 02481-9181

Group Sales

(800) 848-9995

Individual Sales

(800) 848-9995

Product Name	Form #	Offered thru Connector
INSURED PREFERRED PROVIDER PLAN		
Best Buy HSA PPO 1500 (Plan Name GJ)	612/310; 311	No
Best Buy HSA PPO 1500 w/in-network coins. (Plan Name GM)	612/310; 311	No
Best Buy HSA PPO 2000 (Plan Name GK)	612/310; 311	No
Best Buy HSA PPO 2000 w/in-network coins. (Plan Name GN)	612/310; 311	No
Best Buy HSA PPO 3000 (Plan Name GL)	612/310; 311	No
Best Buy HSA PPO 3000 w/in-network coins. (Plan Name GO)	612/310; 311	No

⁶ As allowed by law, HPHC Insurance Company, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (781) 848-4950, Small Business Service Bureau (508) 756-3513 and Northeast Business Trust (978) 663-3232.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

11. John Alden Life Insurance Company

501 West Michigan
Milwaukee, WI 53203

Group Sales (888) 875-8053
Individual Sales (888) 875-8053

Product Name	Form #	Offered thru Connector
INSURED PREFERRED PROVIDER PLAN		
JAHP PPO	J-4000	No
JAHP HSA	J-4000	No

12. The MEGA Life and Health Insurance Company ⁷

P.O. Box 982010
North Richland Hills, Texas 76180

Group and Individual Sales
Attn. Steve Hatem (603) 329-4218

Product Name	Form #	Offered thru Connector
INDEMNITY PLAN		
Health Choice Advantage – Basic Hospital/Medical-Surgical Expense Plan ⁸	25875-C-MA (07/07)	No
Signature Benefit Plan – Catastrophic Hospital Expense Plan	25876-C-MA (07/07)	No

13. The Mid-West Life Insurance Company of Tennessee ⁹

P.O. Box 982010
North Richland Hills, Texas 76180

Group and Individual Sales
Attn. Kathy Melish (508) 668-1951

Product Name	Form #	Offered thru Connector
INDEMNITY PLAN		
Cover America Plus – Basic Hospital/Medical-Surgical Expense Plan	MW-25906-C-MA (07/07)	No
Cover America Together – Catastrophic Major Medical Expense Plan	MW-25939-C-MA (07/07)	No
INSURED PREFERRED PROVIDER PLAN		
Mid-West Platinum PPO – Hospital Surgical Plan w/Preferred Provider Benefits	MW-SG528-4-MA (07/07)	No

⁷ As allowed by law, The MEGA Life and Health Insurance Company requires groups with five or fewer eligible employees as well as individuals to enroll through the following intermediaries: The National Association for the Self-Employed, Capitol Center, 1235 South Main Street, Suite 100, Grapevine, TX 76051, the Americans for Financial Security, P.O. Box 141268, Irving, TX 75062 and Alliance for Affordable Services, P.O. Box 141268 Irving TX, 75062.

⁸ Carrier notified the Division on April 21, 2008 that it intended to discontinue to offer the filed plan as of May 22, 2008.

⁹ As allowed by law, The Mid-West Life Insurance Company of Tennessee requires groups with five or fewer eligible employees as well as individuals to enroll through the following intermediary: Alliance for Affordable Services, P.O. Box 141268 Irving TX, 75062, The National Association for the Self-Employed, Capitol Center, 1235 South Main Street, Suite 100, Grapevine, TX 76051 and the Americans for Financial Security, P.O. Box 141268, Irving, TX 75062.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Reimbursement Program and Family Assistance Program)

14. Neighborhood Health Plan, Inc.¹⁰

253 Summer Street

Boston, MA 02210-1120

Group Sales

(617) 772-5663

Individual Sales

(800) 462-5449

Product Name

Form

Offered thru Connector

HEALTH MAINTENANCE ORGANIZATION

NHP Care 5	BCEOC-0701.0, 6NB1	No
NHP Care 10	BCEOC-0701.0, 6NB2	No
NHP Care 15	BCEOC-0701.0, 6HVP	No
NHP Care 20/75	BCEOC-0701.0, 620D	No
NHP Care 20/100	BCEOC-0701.0, 620E	No
NHP Care 25	BCEOC-0701.0, 625E	No
NHP Care 1000	BCEOC-0701.0, 61KE	No
NHP One	CCEOC-07-1.0, TBD	Yes
NHP Two	CCEOC-07-1.0, TBD	Yes
NHP Two Select ¹¹	CCEOC-07-1.0, TBD	Yes
NHP Three Select ¹¹	CCEOC-07-1.0, TBD	Yes

15. Time Insurance Company

501 West Michigan

Milwaukee, WI 53203

Group Sales

(888) 875-8053

Individual Sales

(888) 875-8053

Product Name

Form

Offered thru Connector

INDEMNITY PLAN

Group Portfolio	20735	No
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INSURED PREFERRED PROVIDER PLAN

Group Portfolio with a PPO Option	20735	No
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¹⁰ As allowed by law, Neighborhood Health Plan, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association 1 (800) 696-8167 or (781) 228-2105, Small Business Service Bureau (800) 548-6900 or (508) 756-3153 x157, U.S. Federation of Small Business, Inc. (800) 637-3331 x111, National Association of Socially Responsible Organizations (781) 308-3306 and Northeast Business Trust (800) 464-0039 or (978) 663-3232 x217.

¹¹ The NHP Select Provider network represents a subset of the NHP HMO primary care provider network. Please call the carrier directly if you have any questions about whether the NHP Select Provider network is specifically available in your area.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Reimbursement Program and Family Assistance Program)

16. Tufts Associated Health Maintenance Organization, Inc.¹²

(d/b/a) Tufts Health Plan	Group Sales	(800) 208-8013
705 Mount Auburn Street	Individual Sales	(800) 957-6596
Watertown, MA 02472-1508		

Product Name	Form #	Offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
HMO Premium Plan	EC-MASSHMO-001 Ed. 1-2008	
HMO Select 10 Option ¹³		Yes
All other HMO Premium Options		No
HMO Value Plan	EC-MASSHMO-002 Ed. 1-2008	
Advantage HMO Select 750 Option ¹³		Yes
HMO Select 20 Option		Yes
All other HMO Value Options ¹³		No
HMO Basic Plan	EC-MASSHMO-003 Ed. 1-2008	
Advantage HMO Select 2000 Option ¹³		Yes
All other HMO Basic Options		No
INSURED PREFERRED PROVIDER PLAN		
PPO Plan Option	MA-PPO-001 Ed. 1-2008	No
Point of Service Option	CC-MAPOS-001 Ed. 1-2008	No

17. Tufts Insurance Company¹⁴

(d/b/a) Tufts Health Plan	Group Sales	(800) 208-8013
705 Mount Auburn Street	Individual Sales	(800) 957-6596
Watertown, MA 02472-1508		

Product Name	Form #	Offered thru Connector
INSURED PREFERRED PROVIDER PLAN		
Advantage PPO	MA-TICOPPO-001 Ed. 1-2008	
Option 1 - Out-of-network deductible		No
Option 2 - Combined in and out-of-network deductible		No
Option 3 - Separate in and out-of-network deductible		No
Option 4 - Separate in and out-of-network deductible		No
Option 5 – Consumer Driven Health Care – Combined in and out-of-network deductible		No
Option 7 – Choice Copayment Option		No

¹² As allowed by law, Tufts Associated Health Maintenance Organization, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (800) 696-8167 or (781) 848-4950, North Central Massachusetts Chamber of Commerce (978) 353-7600, Small Business Service Bureau (800) 222-5678 or (508) 756-3513 and Northeast Business Trust (800) 464-0039 or (978) 663-3232 or through the Connector if applicable.

Individuals are not required to enroll through either an intermediary or the Connector.

¹³ The provider network available under this option is the Tufts Health Plan Select Network, which includes a limited subset of those providers that participate in Tufts Health Plan's standard provider network. Please call the carrier directly if you have any questions about whether the Select Network is available in your area.

¹⁴ As allowed by law, Tufts Insurance Company requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (800) 696-8167 or (781) 848-4950, North Central Massachusetts Chamber of Commerce (978) 353-7600, Small Business Service Bureau (800) 222-5678 or (508) 756-3513 and Northeast Business Trust (800) 464-0039 or (978) 663-3232.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

18. Union Security Insurance Company

501 West Michigan
Milwaukee, WI 53203

Group Sales (888) 875-8053
Individual Sales (888) 875-8053

Product Name	Form #	Offered thru Connector
INDEMNITY PLAN		
Certificate of Group Medical Insurance	C61.100.SIG.MA	No
INSURED PREFERRED PROVIDER PLAN		
Preferred Provider Plan w/ HSA Option	C61.100.SIG.MA	No
Preferred Provider Plan w/ HealthCare Value Management, Inc.	C61.100.SIG.MA	No

19. United HealthCare Insurance Company

475 Kilvert Street
Warwick, RI 02886-1392

Group Sales (888) 735-5842 Option 4
Individual Sales (888) 735-5842 Option 4

Product Name	Form #	Offered thru Connector
INSURED PREFERRED PROVIDER PLAN		
Choice Plus	CHOICEP.I.01.MA	No
Options PPO	OPTIONSPPO.I.01.MA	No
Options PPO 80/80	OPTIONS80/80.I.01.MA	No

20. UnitedHealthcare of New England, Inc.

475 Kilvert Street
Warwick, RI 02886-1392

Group Sales (888) 735-5842 Option 4
Individual Sales (888) 735-5842 Option 4

Product Name	Form #	Offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
Choice	CHOICE.H.01.MA	No
DUAL CERTIFICATE		
Choice Plus		
United HealthCare of New England, Inc.		
Choice Certificate of Coverage	Choice.H.01.MA	
&	&	
United HealthCare Insurance Company	Plus.P.01.MA	
Choice Plus Certificate of Coverage		No

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the
Insurance Reimbursement Program and Family Assistance Program)

YOUNG ADULT PLAN INFORMATION

In addition to the above-noted plans, The Commonwealth Health Insurance Connector (“Connector”) will also offer Young Adult Plans. These plans are available to those 18-26 year olds who are uninsured. For further information regarding these plans, please contact the Connector directly at (617) 1-877-MA-ENROLL (1-877-623-6765) or visit their website at <http://www.mass.gov/connector>.